Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF CALIFORNIA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your	Sarah First name Ann Middle name Fullmer Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
	meeting with the trustee.	Last harrie and Sunix (St., St., II, III)	Last Harrie and Sunix (St., St., II, III)
2.	All other names you have used in the last 8 years	•	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4122	

Debtor 1 Sarah Ann Fullmer

Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
Where you live	1551 Cushendall Drive	If Debtor 2 lives at a different address:		
	Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
	Placer			
	County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
Number, P.O. Box, Street, City, State & ZIP Code		Number, P.O. Box, Street, City, State & ZIP Code		
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### Business name(s) ### EINs ### I have not used any business name or EINs. ### EINs ### EINs ### Cush and I have not used any business name or EINs. ### EINs ### EINs ### Cush and I have not used any business name or EINs. ### EINs ### Cush and I have not used any business name or EINs. ### EINs ### EINs ### Cush and I have not used any business name or EINs. ### EINs ### EINs ### EINs ### Cush and I have not used any business name or EINs. ### EINs ### EINs ### EINs ### Cush and I have not used any business name or EINs. ### EINs ### EIN		

Der	Saran Ann Fuiline	I .				Case Humber (II known)	
Par	Tell the Court About	Your Bank	ruptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are	Check or (Form 20	ne. (For a l 910)). Also	brief description of e , go to the top of pag	ach, see <i>Notice Required by</i> je 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for E te box.	Bankruptcy
	choosing to file under	■ Chap	ter 7				
		☐ Chap	ter 11				
		☐ Chap	ter 12				
		☐ Chap	ter 13				
8.	How you will pay the fee	ab ord	out how yo	ou may pay. Typicall attorney is submittir	y, if you are paying the fee yo	ck with the clerk's office in your local court for burself, you may pay with cash, cashier's che alf, your attorney may pay with a credit card	ck, or money
						on, sign and attach the Application for Individ	luals to Pay
			•	ee in Installments (O at my fee be waived	,	n only if you are filing for Chapter 7. By law, a	a judge may.
		bu ap	t is not rec plies to yo	quired to, waive your ur family size and yo	fee, and may do so only if you are unable to pay the fee i	our income is less than 150% of the official point installments). If you choose this option, you cial Form 103B) and file it with your petition.	verty line that
9. Have you filed for ■ No.							
	bankruptcy within the last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	O	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	■ No □ Yes.					
	affiliate?		Debtor			Polationship to you	
			District		When	Relationship to you Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to	line 12.			
	residence?				d an eviction judgment agains	et vou?	
		☐ Yes.	•	No. Go to line 12.	an eviction juugment agams	st you:	
				Yes. Fill out Initial		Judgment Against You (Form 101A) and file	it as part of
				this bankruptcy pet	IIIOH.		

Deb	otor 1 Sarah Ann Fullme	er			Case number (if known)			
Par	t 3: Report About Any Bu	ısinesses	You Owr	n as a Sole Proprie	etor			
12. Are you a sole proprietor of any full- or part-time business?		■ No.		Part 4.				
		☐ Yes.	Name	and location of bus	siness			
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	Number, Street, City, State & ZIP Code				
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:			
				Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Rea	I Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as o	defined in 11 U.S.C. § 101(53A))			
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
				None of the abov	е			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ns, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am ı	not filing under Cha	pter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat	☐ Yes.						
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?				
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?				
	· .				Number, Street, City, State & Zip Code			

Debtor 1 Sarah Ann Fullmer

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapa	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Sarah Ann Fullmer Case number (if known)				known)				
Part	6: Answer These Quest	ions for Repo	rting Purposes					
16.	What kind of debts do you have?		e your debts primarily consur ividual primarily for a personal,	mer debts? Consumer debts are defined family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an			
			□ No. Go to line 16b.					
			Yes. Go to line 17.					
				ss debts? Business debts are debts that				
			No. Go to line 16c.	· ·				
			Yes. Go to line 17.					
		16c. Sta	ate the type of debts you owe th	at are not consumer debts or business de	ebts			
17.	Are you filing under Chapter 7?	□ No. Ia	m not filing under Chapter 7. Go	to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	are		u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses			
	are paid that funds will be available for		Yes					
	distribution to unsecured	Ь	165					
	creditors?							
18.	How many Creditors do you estimate that you	1 -49		☐ 1,000-5,000	25,001-50,000			
	owe?	□ 50-99 □ 100-199		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000			
		200-999		-,,				
19.	How much do you	□ \$0 - \$50,0	100	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,001 -		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
	20 WORLD	\$100,001		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		\$500,001	- \$1 million	— \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$50,0		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?	\$50,001 -	• •	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion			
		■ \$100,001 □ \$500,001		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		Φ ψ500,001	- фт пиноп		·			
Part	7: Sign Below							
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
				n aware that I may proceed, if eligible, und available under each chapter, and I choos				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					attorney to help me fill out this			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.								
I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341 and 3571.								
		/s/ Sarah A Sarah Ann Signature of	Fullmer	Signature of Debtor 2				
		Executed on	May 15, 2019	Executed on				
			MM / DD / YYYY	MM / D	D / YYYY			

Debtor 1 _S	Sarah Ann Fullmer	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David A. Boucher Signature of Attorney for Debtor	Date	May 15, 2019 MM / DD / YYYY
David A. Boucher 171871 Printed name		
Law Office of David Boucher Firm name		
1478 Stone Point Drive, Suite 400 Roseville, CA 95661		
Number, Street, City, State & ZIP Code Contact phone (916) 780-7555	Email address	dboucherlaw@msn.com
171871 CA Bar number & State		

Certificate Number: 17572-CAE-CC-032755991



CERTIFICATE OF COUNSELING

I CERTIFY that on May 1, 2019, at 6:24 o'clock PM PDT, Sarah A Fullmer received from Dollar Learning Foundation, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 1, 2019 By: /s/Hector Colon

Name: Hector Colon

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Fill in this inforn	Fill in this information to identify your case:					
Debtor 1	Sarah Ann Fullme	er				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F CALIFORNIA			
Case number						

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	325,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	47,421.82
	1c. Copy line 63, Total of all property on Schedule A/B	\$	372,421.82
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	325,905.44
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	4,934.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	35,180.00
	Your total liabilities	\$	366,019.44
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,418.64
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,634.98
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Sarah Ann Fullmer

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,483.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total o	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,934.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	4,934.00

00/10/10				Ouse 10 20110				
Fill in this infor	mation to identify	your case and th	is filing	g:				
Debtor 1	Sarah Ann F	ullmer						
	First Name		Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name				
United States Ba	ankruptcy Court for	the: EASTERN	DISTR	ICT OF CALIFORNIA				
Case number							☐ Check if this is an	
Case number							Check if this is an amended filing	
_	orm 106A/E	_						
Schedu	le A/B: Pı	roperty					12/15	
Answer every que	stion.	·		his form. On the top of any additional pages, I Estate You Own or Have an Interest In	write your name	e and case	number (if known).	
□ No. Go to Pa	, ,	antable interest in a	ny resic	lence, building, land, or similar property?				
1.1			Wha	t is the property? Check all that apply				
	shendall Drive s, if available, or other des	parintion				deduct secured claims or exemptions. Put nount of any secured claims on Schedule D:		
Street address	, il avallable, di dulei des	сприоп		Duplex or multi-unit building Condominium or cooperative			as Secured by Property.	
Roseville	e CA	95747-0000		Manufactured or mobile home	Current value entire property		Current value of the portion you own?	
City	State	ZIP Code		Investment property	\$325,0		\$325,000.00	
			□ □ Who	Timeshare Other has an interest in the property? Check one		mple, tena	our ownership interest ancy by the entireties, or	
				Debtor 1 only	Fee simple			
Placer								
County					Check if the (see instruct		munity property	
			Othe	or information you wish to add about this item erty identification number:	`	iono		
2. Add the do	llar value of the no	ortion you own fo	r all of	your entries from Part 1, including any e	entries for			
				er here			\$325,000.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Del	otor 1 Sarah Ann Fullmer		Case number (if known)	
3. C	Cars, vans, trucks, tractors, sport utility v	vehicles, motorcycles		
		•		
_	No			
-	Yes			
3.	DDV	Who has an interest in the property? Check one	the amount of any	red claims or exemptions. Put secured claims on <i>Schedule D:</i>
	Model: RDX Year: 2019	Debtor 1 only		e Claims Secured by Property.
	Approximate mileage: 3000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of to entire property?	ne Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another		p
		☐ Check if this is community property (see instructions)	\$40,000	.00 \$40,000.00
	No Yes	vatercraft, fishing vessels, snowmobiles, motorcyc wn for all of your entries from Part 2, including	Γ	
		e that number here		\$40,000.00
Por	t 3: Describe Your Personal and Household	Homo		
	you own or have any legal or equitable i			Current value of the
20	you omit of muto unjinggar or equilable.	interest in any or the renewing name.		portion you own? Do not deduct secured claims or exemptions.
	Household goods and furnishings Examples: Major appliances, furniture, liner □ No	ns, china, kitchenware		
ı	Yes. Describe			
	Have about	ada and banca from lable na		¢4 500 00
	Household go	ods and home furnishings		\$1,500.00
ı	Electronics Examples: Televisions and radios; audio, vi including cell phones, cameras, No ☐ Yes. Describe	deo, stereo, and digital equipment; computers, pr media players, games	inters, scanners; music co	ollections; electronic devices
	Collectibles of value Examples: Antiques and figurines; paintings other collections, memorabilia, o ■ No	s, prints, or other artwork; books, pictures, or othe collectibles	r art objects; stamp, coin,	or baseball card collections;
	☐ Yes. Describe			
	musical instruments	and other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes a	nd kayaks; carpentry tools;
	■ No □ Yes. Describe			
_	Firearms Examples: Pistols, rifles, shotguns, ammu	nition, and related equipment		
	■ No □ Yes. Describe			

Debtor 1 Sarah Ann Fullmer		Case number (if known)
11. Clothes Examples: Everyday clothes, furs □ No ■ Yes. Describe	s, leather coats, designer	wear, shoes, accessories	
Clothi	ng		\$500.00
12. Jewelry Examples: Everyday jewelry, cos □ No ■ Yes. Describe Misc je		nt rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
13. Non-farm animals Examples: Dogs, cats, birds, hor □ No ■ Yes. Describe	ses		
1 resc	ue dog		\$0.00
 ☐ Yes. Give specific information. 15. Add the dollar value of all of y for Part 3. Write that number heart 3. Write that number heart 4: Describe Your Financial Assets Do you own or have any legal or earn 	vour entries from Part 3, nere		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No □ Yes 17. Deposits of money Examples: Checking, savings, or	r other financial accounts	in a safe deposit box, and on hand when you file	our petition
17.1.	checking	Chase Bank	\$1,414.09
17.2.	savings	Chase Bank	\$1.73
17.3.	Savings	Golden 1 Credit Union	\$1.00
17.4.	Savings	Travis Credit Union	\$5.00

De	ebtor 1	Sarah Ann Fullmer		Case number (if know	m)
18.		, mutual funds, or publicly tra bles: Bond funds, investment ac		e firms, money market accounts	
	■ No	Instit	ution or issuer name:		
19.	joint v		ests in incorporated	and unincorporated businesses, including an inter	est in an LLC, partnership, and
	■ No				
	☐ Yes.	Give specific information abou Name of		% of ownership:	
20.	Negoti	able instruments include persor	nal checks, cashiers' o	and non-negotiable instruments checks, promissory notes, and money orders. o someone by signing or delivering them.	
		Give specific information about	them		
		lssuer na			
21.	Examp □ No		eogh, 401(k), 403(b),	thrift savings accounts, or other pension or profit-shari	ng plans
	■ Yes.	List each account separately. Type of acc	count:	Institution name:	
		401(k)	_	Fidelity Investments	\$3,000.00
23.	Your sl Examp No ☐ Yes. Annuiti ☐ No ☐ Yes Interest 26 U.S.0	ies (A contract for a periodic pa	a have made so that your prepaid rent, public to ayment of money to you did description.	ou may continue service or use from a company utilities (electric, gas, water), telecommunications complication name or individual: ou, either for life or for a number of years)	
	■ No □ Yes	Institution name	and description. Sepa	arately file the records of any interests.11 U.S.C. § 521	(c):
25.	Trusts, □ No	equitable or future interests	in property (other th	an anything listed in line 1), and rights or powers e	exercisable for your benefit
	Yes.	Give specific information abou	t them		
		Sara	ah Fullmer Revoca	ble Trust	\$0.00
	Examp ■ No □ Yes. License	Give specific information abou	ebsites, proceeds fron t them eral intangibles	n royalties and licensing agreements	
	■ No	oles: Building permits, exclusive Give specific information abou		e association holdings, liquor licenses, professional lice	enses
M	oney or _l	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.

De	ebtor 1	Sarah Ann Fullm	mer		Case number (if known)	
28.	Tax ref	unds owed to you				
	■ No	Give specific informat	tion about them, including wheth	per you already filed the re	turns and the tay years	
	□ 163.	oive specific informati	mon about them, including when	ier you alleady filed the re	turns and the tax years	
29.		support				
	Examp ■ No	oles: Past due or lump	o sum alimony, spousal support,	child support, maintenand	ce, divorce settlement, property	settlement
		Give specific informat	tion			
30.			owes you disability insurance payments, di loans you made to someone els		vacation pay, workers' comper	nsation, Social Security
	■ No	Civa anacifia informa	ation			
		Give specific informa				
		ts in insurance policy les: Health, disability	cies	s account (HSA); credit, h	omeowner's, or renter's insurar	nce
		Name the insurance of	company of each policy and list	its value.		
			Company name:	В	eneficiary:	Surrender or refund value:
			Met Life Term Life			\$0.00
	someo No	ne has died. Give specific informa	a living trust, expect proceeds for a living trust, expect proceeds for all of the structures of the structure of the structu	ioni a me insurance policy	, or are currently entitled to rece	ewe property because
33.			es, whether or not you have file byment disputes, insurance clair		emand for payment	
	■ No			-		
	☐ Yes.	Describe each claim.	l			
34.		contingent and unliq	quidated claims of every natur	e, including counterclair	ns of the debtor and rights to	set off claims
	■ No □ Yes.	Describe each claim.	l			
35.	Any fin	ancial assets you d	lid not already list			
	■ No					
	☐ Yes.	Give specific informa	ation			
36			II of your entries from Part 4, in			\$4,421.82
Pa	rt 5: Des	scribe Any Business-R	Related Property You Own or Have	an Interest In. List any real	estate in Part 1.	
37.	Do you o	own or have any legal o	or equitable interest in any busine	ss-related property?		
	No. Go					
ı	⊥ Yes. G	to to line 38.				
Pa			Commercial Fishing-Related Property in farmland, list it in Part 1.	erty You Own or Have an Int	erest In.	
46.	Do you	own or have any le	egal or equitable interest in an	y farm- or commercial fis	shing-related property?	
		Go to Part 7.				
	☐ Yes.	Go to line 47.				

Debtor 1 Sarah Ann Fullmer Case number (if known) Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$325,000.00 56. Part 2: Total vehicles, line 5 \$40,000.00 57. Part 3: Total personal and household items, line 15 \$3,000.00 58. Part 4: Total financial assets, line 36 \$4,421.82 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$47,421.82 Copy personal property total \$47,421.82 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$372,421.82

Fill in this information to identify your case:							
Debtor 1 Sarah Ann Fullmer							
First Name	Middle Name	Last Name					
First Name	Middle Name	Last Name					
nkruptcy Court for the:	EASTERN DISTRICT C	F CALIFORNIA					
	Sarah Ann Fullme First Name First Name	Sarah Ann Fullmer First Name Middle Name First Name Middle Name	Sarah Ann Fullmer First Name Middle Name Last Name First Name Middle Name Last Name				

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
	Copy the value from Schedule A/B			
1551 Cushendall Drive Roseville, CA 95747 Placer County	\$325,000.00	•	\$45,410.00	C.C.P. § 704.730
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Household goods and home furnishings	\$1,500.00		\$1,500.00	C.C.P. § 704.020
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	C.C.P. § 704.010
Elle Holl Golladde 772. TTT			100% of fair market value, up to any applicable statutory limit	
Misc jewelry Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	C.C.P. § 704.040
Elle Holli Geriedale PVB. 1211			100% of fair market value, up to any applicable statutory limit	
checking: Chase Bank Line from Schedule A/B: 17.1	\$1,414.09		\$1,414.09	C.C.P. § 704.070
Line from Goriedate AVD. 1111			100% of fair market value, up to any applicable statutory limit	

De	btor 1	Sarah Ann Fullmer			Case number (if known)	<i>n</i>)			
		description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
		ings: Chase Bank from Schedule A/B: 17.2	\$1.73		\$1.73	C.C.P. § 704.070			
	LIIIC	Holli Genedale AVD. 17.2			100% of fair market value, up to any applicable statutory limit				
		ings: Golden 1 Credit Union from Schedule A/B: 17.3	\$1.00		\$1.00	C.C.P. § 704.070 C.C.P. § 704.070 C.C.P. § 704.070 C.C.P. § 704.070 C.C.P. § 704.115(a)(1) & (2), (b)			
	LINE	Holli Schedule AVB. 17.3			100% of fair market value, up to any applicable statutory limit				
		ings: Travis Credit Union from Schedule A/B: 17.4	\$5.00		\$5.00	C.C.P. § 704.070			
	Line	IIOIII Scriedule A/B. 17.4			100% of fair market value, up to any applicable statutory limit				
		(k): Fidelity Investments from Schedule A/B: 21.1	\$3,000.00		\$3,000.00	C.C.P. § 704.070 C.C.P. § 704.070 C.C.P. § 704.070 C.C.P. § 704.115(a)(1) & (2), (b)			
	LIIIC	Holli Golledale A.D. 21.1			100% of fair market value, up to any applicable statutory limit	(5)			
3.		you claiming a homestead exemption ject to adjustment on 4/01/22 and every			led on or after the date of adjustme	nt.)			
		No							
		Yes. Did you acquire the property cover	red by the exemption wi	ithin 1	,215 days before you filed this case	?			
		□ No							
		☐ Yes							

Fill in t	his information to identify y	our case:			
Debtor	1 Sarah Ann Fu	Ilmer			
	First Name	Middle Name Last Name		-	
Debtor				_	
(Spouse if	f, filing) First Name	Middle Name Last Name			
United :	States Bankruptcy Court for the	ne: EASTERN DISTRICT OF CALIFORNIA		-	
Case n					
(if known)					if this is an
				amend	ded filing
Officia	al Form 106D				
		rs Who Have Claims Secured	hy Propert	V	12/15
JCITC	dale D. Cicartoi	3 Willo Have Claims Secure	a by i Topert	<u>y</u>	12/13
s neede		e. If two married people are filing together, both are eq it out, number the entries, and attach it to this form. On			
•	r creditors have claims secured	by your property?			
`					
	No. Check this box and submi	t this form to the court with your other schedules. Yo	ou nave nothing else	to report on this form.	
•	Yes. Fill in all of the information	on below.			
Part 1:	List All Secured Claims				
2. List a	II secured claims. If a creditor ha	as more than one secured claim, list the creditor separately	Column A	Column B	Column C
		has a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabet		etical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 F I	lagstar Bank	Describe the property that secures the claim:	\$279,590.00	\$325,000.00	\$0.00
Cr	editor's Name	1551 Cushendall Drive Roseville, CA 95747 Placer County			
5	151 Corporate Dr	As of the date you file, the claim is: Check all that apply.			
Tı	roy, MI 48098	Contingent			
Nu	ımber, Street, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who ov	ves the debt? Check one.	Nature of lien. Check all that apply.			
■ Debt	or 1 only	☐ An agreement you made (such as mortgage or sec	cured		
☐ Debte	or 2 only	car loan)			
☐ Debt	or 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At lea	ast one of the debtors and anothe	r Judgment lien from a lawsuit			
	ck if this claim relates to a nmunity debt	Other (including a right to offset)			
	Opened				
	10/17 Last				

9706

Last 4 digits of account number

Active

Date debt was incurred 8/08/18

Debtor 1 Sarah Ann Fullmer	Case number (if known)			
First Name Middle N	lame Last Name			
2.2 Travis Credit Union	Describe the property that secures the claim:	\$46,315.44	\$40,000.00	\$6,315.44
Creditor's Name	2019 Acura RDX 3000 miles			
1 Travis Way Vacaville, CA 95687	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or se car loan)	cured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Auto loan			
Date debt was incurred	Last 4 digits of account number 7406			
Add the dollar value of your entries in 0	Column A on this page. Write that number here:	\$325,905.4	14	
If this is the last page of your form, add	the dollar value totals from all pages.	\$325,905.4	14	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

								•		
Fill	l in this inforn	nation to identify your o	case:							
De	btor 1	Sarah Ann Fullme	er							
		First Name	Middle	Name Last	Name					
	btor 2	First Name	N 40 - 1 - 11 -	Name	N					
(Spo	ouse if, filing)	First Name	Middle	name Lasi	Name					
Un	ited States Ba	nkruptcy Court for the:	EASTERN	DISTRICT OF CALIFOR	NIA					
Ca	se number									
	nown)] Check	if this is an
									amend	led filing
Դք∙	ficial Forn	0 106E/E								
			ho Have	e Unsecured Cla	ime					12/15
				reditors with PRIORITY claim				IDDIODITY		
Sch eft.	edule D: Credite Attach the Con	ors Who Have Claims Seci	ured by Prope	Official Form 106G). Do not erty. If more space is neede no information to report in	d, copy the Pa	art yo	ou need, fill it out,	number the	e entries i	n the boxes on the
Pa	rt 1: List A	II of Your PRIORITY Un	secured Cla	aims						
1.	Do any credito	ors have priority unsecured	d claims agai	nst you?						
	☐ No. Go to P	art 2.								
	Yes.									
2.	identify what type possible, list the	pe of claim it is. If a claim ha e claims in alphabetical orde	s both priority er according to	has more than one priority un and nonpriority amounts, list the creditor's name. If you ha list the other creditors in Part	that claim here ave more than t	e and	show both priority a	and nonprior	rity amoun	ts. As much as
	(For an explana	ation of each type of claim, s	ee the instruct	tions for this form in the instru	action booklet.)		Γotal claim	Priority amount		Nonpriority amount
2.1	Citibani	kΝΔ	ı	Last 4 digits of account nun	nber 2224		Unknown	amount	\$0.00	\$0.00
		editor's Name		· g ·					Ψ0.00	
		st 60th Street North	١	When was the debt incurred			05/09 Last /31/09	_		
		treet City State Zip Code		As of the date you file, the o	laim is: Check	k all t	hat apply			
	Who incurred	d the debt? Check one.		☐ Contingent						
	Debtor 1 c	only	ı	☐ Unliquidated						
	Debtor 2 c	only	ı	☐ Disputed						
	Debtor 1 a	and Debtor 2 only	1	Type of PRIORITY unsecure	ed claim:					
	☐ At least or	ne of the debtors and anothe	, I	Domestic support obligation	ons					
	_	his claim is for a commun	-	Taxes and certain other de	ebts you owe th	he go	vernment			
		subject to offset?		Claims for death or persor						
	■ No		I	Other. Specify						

Educational

☐ Yes

Debto	or 1 Sarah Ann Fullmer		Case nu	mber (if known)		
2.2	Navient Priority Creditor's Name	Last 4 digits of account number	0912	\$1,293.00	\$1,293.00	\$0.00
	Po Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	Opened Active 8	09/08 Last 6/06/18		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
١	Who incurred the debt? Check one.	☐ Contingent				
I	Debtor 1 only	☐ Unliquidated				
I	Debtor 2 only	☐ Disputed				
I	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	ıim:			
[☐ At least one of the debtors and another	☐ Domestic support obligations				
I	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the g	overnment		
ı	s the claim subject to offset?	Claims for death or personal inj	ury while you	were intoxicated		
I	No	Other. Specify				
	☐ Yes	Education	al			
2.3	Navient	Last 4 digits of account number	0907	\$1,055.00	\$1,055.00	\$0.00
	Priority Creditor's Name		Onened	00/07 004		
	Po Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	Active 8	09/07 Last //06/18		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
١	Who incurred the debt? Check one.	☐ Contingent				
I	Debtor 1 only	☐ Unliquidated				
I	Debtor 2 only	☐ Disputed				
I	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	ıim:			
I	At least one of the debtors and another	☐ Domestic support obligations				
[☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the g	overnment		
ı	s the claim subject to offset?	Claims for death or personal injury	ury while you	were intoxicated		
_	No	Other. Specify				
	☐ Yes	Education	al ————			
2.4	Navient Priority Creditor's Name	Last 4 digits of account number	1227	\$301.00	\$301.00	\$0.00
	Po Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	Opened Active 8	12/07 Last 5/06/18		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
١	Who incurred the debt? Check one.	☐ Contingent				
I	Debtor 1 only	☐ Unliquidated				
[Debtor 2 only	☐ Disputed				
I	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	ıim:			
I	\square At least one of the debtors and another	☐ Domestic support obligations				
I	☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the g	overnment		
ı	s the claim subject to offset?	Claims for death or personal inj				
	No	Other. Specify				
[☐ Yes	Education	al		<u> </u>	

Debte	or 1 Sarah Ann Fullmer		Case num	ber (if known)		
2.5	SIc Conduit I LIc Priority Creditor's Name	Last 4 digits of account number	2220	Unknown	\$0.00	\$0.00
	701 E 60th St N Sioux Falls, SD 57104	When was the debt incurred?	Opened 0 Active 9/0			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all th	nat apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the gov	vernment		
	Is the claim subject to offset?	☐ Claims for death or personal inj	_			
	■ No	Other. Specify				
	☐ Yes	Education	al			
2.6	SIc Conduit I LIc	Last 4 digits of account number	2221	Unknown	\$0.00	\$0.00
	Priority Creditor's Name					<u> </u>
	701 E 60th St N Sioux Falls, SD 57104	When was the debt incurred?	Opened 0			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all th	nat apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the gov	vernment		
	Is the claim subject to offset?	☐ Claims for death or personal inj	-			
	■ No	Other. Specify				
	☐ Yes	Education	al			
2.7	SIc Conduit I LIc Priority Creditor's Name	Last 4 digits of account number	2222	Unknown	\$0.00	\$0.00
	701 E 60th St N Sioux Falls, SD 57104	When was the debt incurred?	Opened 1			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all th	nat apply		
•	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the gov	vernment		
	Is the claim subject to offset?	Claims for death or personal inj	ury while you w	ere intoxicated		
	■ No	Other. Specify				
	☐ Yes	Education	al			

De	ebtor 1 Sarah Ann Fullmer		Case nu	mber (if known)		
2.8	SIc Conduit I LIc Priority Creditor's Name	Last 4 digits of account number	2223	Unknown	\$0.00	\$0.00
	701 E 60th St N Sioux Falls, SD 57104	When was the debt incurred?	Opened Active 9	08/08 Last 0/06/11		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the a	overnment		
	Is the claim subject to offset?	☐ Claims for death or personal inj				
	No	Other. Specify				
	☐ Yes	Education	al			
2.9	Us Dept Of Ed/glelsi	Last 4 digits of account number	8581	\$2,285.00	\$2,285.00	\$0.00
	Priority Creditor's Name		Onened	00/00 004		
	2401 International Lane Madison, WI 53704	When was the debt incurred?	Active 8	09/09 Last 8/05/18		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the g	overnment		
	Is the claim subject to offset?	Claims for death or personal inj	ury while you	were intoxicated		
	■ No	Other. Specify				
	Yes	Education	al			
Pa	rt 2: List All of Your NONPRIORITY Unsecu	ured Claims				
3.	Do any creditors have nonpriority unsecured claim	ns against you?				
	☐ No. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
	■ Yes.					
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim. list the other	laim. For each claim listed, identify wh	at type of cla	im it is. Do not list clain	ns already included in Par	t 1. If more

Part 2.

Total claim

Debto	r 1 Sarah Ann Fullmer		Case number (if known)				
4.1	Bk Of Amer Nonpriority Creditor's Name	Last 4 digits of account number	6485	\$4,517.00			
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 05/17 Last Active 8/17/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Credit Card	<u> </u>				
4.2	Chase Card	Last 4 digits of account number	4260	\$7,489.00			
	Nonpriority Creditor's Name		Omenad 02/40 Leat Active				
	Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 02/10 Last Active 8/20/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only						
	Debtor 2 only	☐ Contingent☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Other Specify Credit Card	<u> </u>				
4.3	Citi	Last 4 digits of account number	8433	\$6,508.00			
	Nonpriority Creditor's Name			Ψο,σσσ.σσ			
	Po Box 6241 Sioux Falls, SD 57117	When was the debt incurred?	Opened 07/10 Last Active 8/17/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	claims sion or profit-sharing plans, and other similar debts				
	No	■ Debts to pension or profit-sharin					
	□ Yes	Other Credit Card Credit Card					

Debto	r 1 Sarah Ann Fullmer		Case number (if known)				
4.4	Citi Nonpriority Creditor's Name	Last 4 digits of account number	0111	\$3,123.00			
	Po Box 6241 Sioux Falls, SD 57117	When was the debt incurred?	Opened 03/17 Last Active 8/03/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.5	Discover Fin Svcs Llc Nonpriority Creditor's Name	Last 4 digits of account number	9551	\$11,256.00			
	Po Box 15316 Wilmington, DE 19850	When was the debt incurred?	Opened 06/18 Last Active 9/16/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.6	Nordstrom/td Bank Usa Nonpriority Creditor's Name	Last 4 digits of account number	6070	\$2,238.00			
	13531 E Caley Ave Englewood, CO 80111	When was the debt incurred?	Opened 06/08 Last Active 8/17/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□ Yes	Other Specific Credit Card	1				

Debtor	1 Sarah Ann Fullmer	Case number (if known)					
4.7	Syncb/old Navy Nonpriority Creditor's Name	Last 4 digits of account number	1002	\$49.00			
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 05/07 Last Active 3/26/18				
	Number Street City State Zip Code	As of the date you file, the claim					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Charge Acc	count				

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	4,934.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	4,934.00
					<u> </u>
				T	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		•	0.00
		you did not report as priority claims	6g.	\$	
	6h.	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	35,180.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	35,180.00
	oj.		٠,٠		33,100.00

Fill in this information to identify your case:						
Debtor 1	Sarah Ann Fullmer					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT C	PF CALIFORNIA			
Case number _						

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Travis Credit Union 1 Travis Way Vacaville, CA 95687 Auto loan for 2019 Acura

Fill in this	information to identify y	our case:		
Debtor 1	Sarah Ann Fu			
Dobto. 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name	
	3,			
United Sta	ates Bankruptcy Court for the	he: EASTERN DISTRICT O	F CALIFORNIA	
Case num	ber			
(if known)				☐ Check if this is an
				amended filing
Officia	l Form 106H			
Sched	dule H: Your C	odebtors		12/1
	•	own). Answer every question ? (If you are filing a joint case, o		e as a codebtor.
_			·	
■ No □ Ye	s			
2. Wit	hin the last 8 years, have	you lived in a community pr	operty state or territo	ry? (Community property states and territories include
		iana, Nevada, New Mexico, Pu		
■ No	. Go to line 3.			
`		spouse, or legal equivalent live	e with you at the time?	
3. In Co	lumn 1, list all of your co	debtors. Do not include your	spouse as a codebto	r if your spouse is filing with you. List the person sho
				sure you have listed the creditor on Schedule D (Offi 06G). Use Schedule D, Schedule E/F, or Schedule G to
	olumn 2.	incial i offil 100L/1), of oched	ule 6 (Official Form 1	oog). Ose scriedule D, scriedule L/1 , or scriedule G to
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the del
	Name, Number, Street, City, State	and ZIP Code		Check all schedules that apply:
3.1				☐ Schedule D. line
<u> </u>	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
	City	State	ZIP Code	
3.2				☐ Schedule D, line
<u> </u>	Name			☐ Schedule E/F, line
				☐ Schedule G, line
-	Number Street			<u> </u>
	City	State	ZIP Code	

Fill in this informa	ation to identify your case:	
Debtor 1	Sarah Ann Fullmer	
Debtor 2 (Spouse, if filing)		
United States Ba	nkruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter
Official Fo		13 income as of the following date: MM / DD/ YYYY
Schedule	el: Your Income	1

15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment					
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed HR Consultant	☐ Employed ☐ Not employed		
	Include part-time, seasonal, or self-employed work.	Employer's name	Paychex, Inc.			
	Occupation may include student or homemaker, if it applies.	Employer's address	50 Iron Circle, #200 Folsom, CA 95630			
Par	t 2. Give Details About Mon	How long employed th	nere? 3 yrs	<u> </u>		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

non-filing spouse 6,483.88 N/A +\$ N/A 0.00 6,483.88 N/A

For Debtor 2 or

For Debtor 1

Deb	tor 1	Sarah Ann Fullmer	_	Ca	se number (if kr	own)			
				F	or Debtor 1			Debtor 2 or filing spouse	
	Cor	by line 4 here	4.	\$	6,483	8.88	\$	N/A	_
5.	l ist	all payroll deductions:							
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,864	74	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5a. 5b.			0.00	\$ 	N/A N/A	-
	5c.	Voluntary contributions for retirement plans	5c.			0.00	\$-	N/A	_
	5d.	Required repayments of retirement fund loans	5d.			0.00	\$	N/A	_
	5e.	Insurance	5e.			.50	\$	N/A	-
	5f.	Domestic support obligations	5f.	\$		0.00	\$	N/A	-
	5g.	Union dues	5g.	\$	C	0.00	\$	N/A	=
	5h.	Other deductions. Specify:	5h	+ \$.00	+ \$	N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,065	.24	\$	N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,418	3.64	\$	N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	_						
		monthly net income.	8a.			0.00	\$	N/A	_
	8b.	Interest and dividends	8b.	\$		0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$		0.00	\$	N/A	_
	8e.	Social Security	8e.	\$	C	.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$		0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$.00	+ \$	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	C	0.00	\$	N/A	A
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	.	4,418.64	+ \$_		N/A = \$	4,418.64
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper					chedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaillies						12. \$	4,418.64
								Combii monthl	ned y income
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						,
		Yes. Explain:							

Fill	in this informa	tion to identify yo	our case:					
	otor 1	Sarah Ann F				Chec	k if this is:	
		Ourun Anni	umioi		An amended filing			
	otor 2 ouse, if filing)				A supplement show 13 expenses as of the contract of the contr	ving postpetition chapter the following date:		
Unit	ted States Bankr	uptcy Court for the	: EASTE	-	MM / DD / YYYY			
Cas	se number							
(If k	nown)							
O	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be info	as complete a	and accurate as	possible.	If two married people ar				
Par		ibe Your House	hold					
1.	Is this a join No. Go to							
			in a separa	ate household?				
	□ N							
	□ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other t	han 🗖	No Yes				
	yourself and	d your depende	nts? □	165				
Est	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i luded it on <i>Schedule I:</i> Y			Your expe	enses
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		1,973.98
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		150.00
5.		owner's associat nortgage pavm		dominium dues o ur residence, such as ho	me equity loans	4d. \$ 5. \$		0.00 0.00

Debto	or 1 Sara	h Ann Fullmer	Case num	ber (if known)	
e 1	Utilities:				
		icity, heat, natural gas	6a.	\$	250.00
		r, sewer, garbage collection	6b.	·	50.00
		hone, cell phone, Internet, satellite, and cable services			
			6c.	· -	275.00
		. Specify:	6d.	·	0.00
		ousekeeping supplies	7.		500.00
		and children's education costs	8.		0.00
	_	nundry, and dry cleaning	9.	·	200.00
		are products and services	10.	\$	175.00
		d dental expenses	11.	\$	450.00
	-	tion. Include gas, maintenance, bus or train fare.	12.	c	350.00
		de car payments.			
		ent, clubs, recreation, newspapers, magazines, and books	13.		150.00
1. (Charitable	contributions and religious donations	14.	\$	20.00
	Insurance.				
		de insurance deducted from your pay or included in lines 4 or 20.		•	
	15a. Life ir		15a.		0.00
		h insurance	15b.	·	0.00
		le insurance	15c.	\$	200.00
	15d. Other	insurance. Specify:	15d.	\$	0.00
3. ·	Taxes. Do i	not include taxes deducted from your pay or included in lines 4 or 20.			
;	Specify: 2	018 Federal Taxes	16.	\$	150.00
7. I	installment	or lease payments:			
	17a. Car p	ayments for Vehicle 1	17a.	\$	741.00
	17b. Car p	ayments for Vehicle 2	17b.	\$	0.00
	17c. Other	. Specify:	17c.	\$	0.00
	17d. Other	. Specify:	17d.	\$	0.00
3. '	Your paym	ents of alimony, maintenance, and support that you did not report a			• • • •
(deducted f	om your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.	\$	0.00
9. (Other payn	nents you make to support others who do not live with you.		\$	0.00
;	Specify:		19.		
). (Other real	property expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Yo	our Income.	
:	20a. Morto	ages on other property	20a.	\$	0.00
:	20b. Real	estate taxes	20b.	\$	0.00
:	20c. Prope	erty, homeowner's, or renter's insurance	20c.	\$	0.00
:	20d. Maint	enance, repair, and upkeep expenses	20d.	\$	0.00
		eowner's association or condominium dues	20e.	\$	0.00
	Other: Spe			+\$	0.00
				Ť	0.00
	•	our monthly expenses			
		es 4 through 21.		\$	5,634.98
:	22b. Copy I	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add lin	e 22a and 22b. The result is your monthly expenses.		\$	5,634.98
		, , ,			2,23 1100
		our monthly net income.			
		line 12 (your combined monthly income) from Schedule I.	23a.		4,418.64
:	23b. Copy	your monthly expenses from line 22c above.	23b.	-\$	5,634.98
:		act your monthly expenses from your monthly income.	00	•	_1 246 24
	The r	esult is your <i>monthly net income</i> .	23c.	\$	-1,216.34
	_				
4. ļ	Do you exp	ect an increase or decrease in your expenses within the year after y	ou file this	s form?	ar daaraaa baaaaa '
		do you expect to finish paying for your car loan within the year or do you expect you be the terms of your mortgage?	ur mortgage	payment to increase	or decrease because of a
		o and termio or your mortgage:			
	No.	- · · ·			
		Explain here:			

Debtor 1 Sarah Ann Fullmer First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA Case number (if known) Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20	Fill in this inf	formation to identify your	case:		
Debtor 2 (Spouse if, filing) First Name Midde Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA Case number (if known) Cofficial Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 2					
United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA Case number (if known) Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/S Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1	Debior			Last Name	
United States Bankruptcy Court for the: _EASTERN DISTRICT OF CALIFORNIA	Debtor 2				
Case number (If known) Check if this is an amended filling	(Spouse if, filing)	First Name	Middle Name	Last Name	
Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1	United States	Bankruptcy Court for the:	EASTERN DISTRICT O	F CALIFORNIA	
Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X Is/ Sarah Ann Fullmer Signature of Debtor 1		·			
Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X Is/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 2	(if known)				–
Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1					amended filing
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1	You must file obtaining mo	this form whenever you fi ney or property by fraud in	le bankruptcy schedules n connection with a bank	or amended schedules. I	Making a false statement, concealing property, or
■ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1 Signature of Debtor 2	S	Sign Below			
Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1 Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) X Signature of Debtor 2	Did you	pay or agree to pay some	one who is NOT an attori	ney to help you fill out ba	ankruptcy forms?
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1 Declaration, and Signature (Official Form 119) X Signature of Debtor 2	■ No				
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1 Signature of Debtor 2	☐ Yes	s. Name of person			
that they are true and correct. X /s/ Sarah Ann Fullmer Sarah Ann Fullmer Signature of Debtor 1 X Signature of Debtor 2					Declaration, and Signature (Official Form 119)
Sarah Ann Fullmer Signature of Debtor 2 Signature of Debtor 1			that I have read the sumi	mary and schedules filed	d with this declaration and
Sarah Ann Fullmer Signature of Debtor 2 Signature of Debtor 1	X /s/ S	Sarah Ann Fullmer		X	
					Debtor 2
Date May 15, 2019 Date	Signa	ature of Debtor 1			
	Date	May 15, 2019		Date	

Fill in this inf	ormation to identify you	r case:							
Debtor 1	Sarah Ann Fulin								
	First Name	Middle Name	Last Name						
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name						
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF	CALIFORNIA						
0	, ,								
Case number					Check if this is an				
					amended filing				
Off: =: = 1 E	407								
	Form 107	Affaira far Individ	duals Eiling for I	Pankruntav	414				
		Affairs for Individ			4/19				
information.	If more space is needed,	attach a separate sheet to		e equally responsible for son ny additional pages, write y					
number (if kn	own). Answer every que	stion.							
Part 1: Giv	e Details About Your Ma	rital Status and Where You	Lived Before						
1. What is y	our current marital statu	ıs?							
☐ Marı	ried								
Not	married								
2. During th	ne last 3 years, have you	lived anywhere other than	where you live now?						
□ No		•	•						
	No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Prior Address:	Dates Debtor 1	Debtor 2 Prior A		Dates Debtor 2				
Debior	Filor Address.	lived there	Debtor 2 Prior F	address.	lived there				
	ushendall Drive lle, CA 95747	From-To: 2-2017 to pres	☐ Same as Debto	r 1	☐ Same as Debtor 1 From-To:				
701 Gik Rosevi	oson Drive, #2033 Ile, CA	From-To: 8-2015 to 2-20	☐ Same as Debto	r 1	☐ Same as Debtor 1 From-To:				
				inity property state or territ Rico, Texas, Washington and					
	nones include Anzona, Ca	mornia, idano, Lodisiana, Ne	vada, ivew iviexico, i deito	Nico, Texas, Washington and	r vviscorisiii.)				
■ No □ Yes	Make ours you fill out Col	nedule H: Your Codebtors (Of	fficial Form 106H)						
	iviake sure you iiii out 30	ledule H. Your Codebiors (Or	iliciai Folili 100H).						
Part 2 Ex	plain the Sources of You	r Income							
Fill in the	total amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including pa		lendar years?				
□ No									
_	Fill in the details.								
		Debtor 1		Debtor 2					
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
			,		<i>5.</i> 10.10110)				

Debt	or 1	Sa	rah Ann F	ullmer					Case	ase number (if known)				
					Debtor 1					Debtor 2				
:				Sources of income Check all that apply. Gross income (before deductions and exclusions)			and	Sources of income Check all that apply. Gross income (before deductio and exclusions)						
					■ Wages bonuses,	s, commissions, tips		\$25,743	3.27	☐ Wages, commissions, bonuses, tips				
					☐ Opera	ting a business				☐ Operating a	business			
			dar year: December :	31, 2018)	■ Wages bonuses,	s, commissions, tips		\$75,465	5.64	☐ Wages, combonuses, tips	missions,			
					☐ Opera	ting a business				☐ Operating a	business			
			dar year bet December :		■ Wages bonuses,	s, commissions, tips		\$69,535	5.50	☐ Wages, combonuses, tips	missions,			
					☐ Opera	ting a business				☐ Operating a	business			
I		lo ∕es.∣	Fill in the de	tails.	Debtor 1 Sources of Describe b			oss income fron h source	n	Debtor 2 Sources of inc Describe below		Gross income (before deductions		
							•	fore deductions a lusions)	and			and exclusions)		
Part	3:	List	Certain Pa	yments You	Made Befo	ore You Filed for I	Bankrı	uptcy						
	_	i ther No.	Neither Deindividual puring the No.	ebtor 1 nor Dorimarily for a	ebtor 2 has personal, for	imarily consumers primarily consumily, or household for bankruptcy, di	ımer d ld purp	ebts. Consumerose."			· ·	(8) as "incurred by an		
			Yes * Subject t	paid that cre not include	editor. Do n payments t		nts for o	domestic suppor kruptcy case.	t obliga	itions, such as ch	ild support ar	ne total amount you and alimony. Also, do		
	Y	es.				e primarily consu for bankruptcy, di			a total	of \$600 or more?				
			No.	Go to line 7										
			☐ Yes		ments for d							creditor. Do not nclude payments to an		
	Cred	itor':	s Name and	I Address		Dates of payme	nt	Total amou		Amount you still owe	Was this p	ayment for		

Case number (if known)

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any ger control, or owner of 20% of	neral partners; partners or more of their voting	erships of which g securities; and	you are a genera any managing a	al partner; corporations agent, including one for
	■ No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment
8.	Within 1 year before you filed for bankrupto	y, did you make any pay	ments or transfer a	any property on	account of a d	ebt that benefited an
	insider? Include payments on debts guaranteed or cos	igned by an insider.				
	■ No					
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of navment	Total amount	Amount you	Posson for	this navment
	insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name
Pai	tt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garr	nished, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Dat	te	Value of the
		Explain what happene	d			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details.		cluding a bank or fir	nancial instituti	on, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Dat	e action was	Amount
				tak	en	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes		erty in the possess	ion of an assigı	nee for the bend	efit of creditors, a
Pai	rt 5: List Certain Gifts and Contributions					
		tour did you also and also	lo with a tatal value	of more than 6	COO man	
13.	Within 2 years before you filed for bankrup	cy, did you give any gift	is with a total value	or more than \$	buu per person	<i>(</i>
	Yes. Fill in the details for each gift.			-		
	Gifts with a total value of more than \$600 per person	Describe the gifts			es you gave gifts	Value
	Person to Whom You Gave the Gift and Address:					

Debtor 1 Sarah Ann Fullmer

Dep	Saran Ann Fullmer			Jase number (it known)	
14.	Within 2 years before you filed for bank	ruptcy,	did you give any gifts or contribution	ns with a tota	I value of more than	\$600 to any charity?
	■ No					
	Yes. Fill in the details for each gift or o	contribu	tion.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		Describe what you contributed		Dates you contributed	Value
Part	6: List Certain Losses					
	Within 1 year before you filed for bankru or gambling?	uptcy o	r since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster,
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Descr	ibe any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred	Includ	e the amount that insurance has paid. Lance claims on line 33 of Schedule A/B:	ist pending	loss	lost
Part	17: List Certain Payments or Transfer	·e				
	consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition Include Incl	prepare You			Date payment or transfer was made	Amount of payment \$1,000.00
	Within 1 year before you filed for bankrupromised to help you deal with your cre Do not include any payment or transfer tha	ditors	or to make payments to your creditor	behalf pay o s?	r transfer any prope	rty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No	ur busi ı s made	ness or financial affairs? as security (such as the granting of a se			
	Yes. Fill in the details.		Description and value of	Dosoriba	any proporty or	Data transfer was
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you					

Case 19-23113 Filed 05/15/19 Doc 1

Debtor 1 Sarah Ann Fullmer

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or sim beneficiary? (These are often called asset-protection devices.)					of which you are a			
	No Yes Fill in the details.	No Yes. Fill in the details.						
	Name of trust Description and value of the property transferred made							
Par	t 8: List of Certain Financial Accounts, Instrur	ments, Safe Deposit	Boxes, and Storag	e Units				
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clos sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken.								
	houses, pension funds, cooperatives, association No Yes. Fill in the details.	ons, and other financ	cial institutions.	. ,	, ,			
		st 4 digits of count number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for I	oankruptcy, any sa	ife deposit box or other depos	itory for securities,			
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		cribe the contents	Do you still have it?			
22.	Have you stored property in a storage unit or pla	ace other than your l	nome within 1 year	before you filed for bankrupto	cy?			
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or ha to it? Address (Number, Str State and ZIP Code)		cribe the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control for S	Someone Else						
23.	Do you hold or control any property that someo for someone.	one else owns? Inclu	de any property yo	u borrowed from, are storing f	or, or hold in trust			
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, Sta Code)		cribe the property	Value			
Par	t 10: Give Details About Environmental Informa	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or	local statute or regul	ation concerning p	pollution, contamination, relea	ses of hazardous or			

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

	_			
Debtor 1	Sarah	Δnn	Fullmer	•

Case number (if known)

24.	Has	s any governmental unit notified you that	you may be liable or potentially liable	under or in violation of an environm	ental law?
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Hav	ve you notified any governmental unit of a	any release of hazardous material?		
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Hav	ve you been a party in any judicial or adm	inistrative proceeding under any envi	ronmental law? Include settlements	and orders.
		No Yes. Fill in the details.			
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pai	t 11:	Give Details About Your Business or C	Connections to Any Business		
27.	Wit	hin 4 years before you filed for bankrupto	cy, did you own a business or have an	y of the following connections to an	y business?
		☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either full-time or part-time	
		☐ A member of a limited liability compa	any (LLC) or limited liability partnershi	p (LLP)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing exe	ecutive of a corporation		
		☐ An owner of at least 5% of the voting	or equity securities of a corporation		
		No. None of the above applies. Go to P	art 12.		
		Yes. Check all that apply above and fill	in the details below for each business		
		siness Name	Describe the nature of the business	Employer Identification number	
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed	number or ITIN.
28.		hin 2 years before you filed for bankrupto titutions, creditors, or other parties.	cy, did you give a financial statement t	o anyone about your business? Incl	ude all financial
		No Yes. Fill in the details below.			
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued		
	,				

Debtor 1	Sarah Ann Fullm	ier	Case number (if known)
Part 12:	Sign Below		
are true a	and correct. I underst	and that making a false statement, concealing proper sult in fines up to \$250,000, or imprisonment for up t	s, and I declare under penalty of perjury that the answers rty, or obtaining money or property by fraud in connection o 20 years, or both.
/s/ Sara	h Ann Fullmer		
	Ann Fullmer re of Debtor 1	Signature of Debtor 2	
Date N	May 15, 2019	Date	
Did you a ■ No □ Yes	attach additional page	es to Your Statement of Financial Affairs for Individue	als Filing for Bankruptcy (Official Form 107)?
Did you p	oay or agree to pay so	omeone who is not an attorney to help you fill out bar	nkruptcy forms?
☐ Yes. N	lame of Person	. Attach the Bankruptcy Petition Preparer's Notice, Decla	aration, and Signature (Official Form 119).

Fill in this infor	mation to identify your	case:			
Debtor 1	Sarah Ann Fullm	er			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTR	RICT OF CALIFORNIA		
Case number					☐ Check if this is an
(,					amended filing
creditors hav	lividual filing under chare claims secured by your sed personal property	our property, or and the lease has n	ot expired.	an ankastka data - 45	
you have least	sed personal property	and the lease has n	ot expired. you file your bankruptcy petition	on or by the date set fo	r the meeting of creditors,
whiche on the	•	he court extends th	e time for cause. You must also	o send copies to the cr	editors and lessors you list
	eople are filing togethend date the form.	er in a joint case, bo	th are equally responsible for s	supplying correct infor	mation. Both debtors must
•	and accurate as possi our name and case nu	•	s needed, attach a separate she	et to this form. On the	top of any additional pages,
Part 1: List Y	our Creditors Who Hav	ve Secured Claims			
1. For any credit		Part 1 of Schedule D	: Creditors Who Have Claims S	Secured by Property (O	fficial Form 106D), fill in the
	editor and the property	that is collateral	What do you intend to do wit secures a debt?	th the property that	Did you claim the property as exempt on Schedule C?

identify the creditor and the property that is collateral	secures a debt?	as exempt on Schedule C?
Creditor's Flagstar Bank	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	_
Description of property securing debt: 1551 Cushendall Drive Roseville, CA 95747 Placer County	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Creditor's Travis Credit Union name:	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
Description of property securing debt: 2019 Acura RDX 3000 miles	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	☐ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Deb	tor 1	Sarah Anı	n Fullmer	Case number (if known)	
Les	sor's na	ame:	Travis Credit Union		□ No
					■ Yes
	cription perty:	of leased	Auto Ioan for 2019 Acura		
Par	i 3: S	Sign Below			
			ry, I declare that I have indicated my intention t to an unexpired lease.	about any property of my estate that se	ecures a debt and any personal
X	/s/ Sa	arah Ann F	ullmer	X	
		h Ann Full ture of Debto		Signature of Debtor 2	
	Signal	ture or Debti	ו וכ		
	Date	May 15	5, 2019	Date	

Fill in this information to identify your case:				rected in this form and	in Form
Debtor 1 Sarah Ann Fullmer		122A-1	Supp:		
Debtor 2 (Spouse, if filing)		_	. There is no presu	imption of abuse	
United States Bankruptcy Court for the: Eastern District	of California	_	applies will be m	o determine if a presun ade under <i>Chapter 7 I</i>	
Case number (if known)		_	`	cial Form 122A-2).	
(i Niom)				does not apply now be service but it could ap	
			Check if this is ar	n amended filing	
Official Form 122A - 1					
Chapter 7 Statement of Your Cu	rrent Mont	hly Incor	ne		12/15
Be as complete and accurate as possible. If two married people attach a separate sheet to this form. Include the line number to case number (if known). If you believe that you are exempted figualifying military service, complete and file Statement of Exerpart 1: Calculate Your Current Monthly Income	which the additional om a presumption of	information appli abuse because y	es. On the top of an ou do not have prim	y additional pages, writ arily consumer debts o	e your name and r because of
1. What is your marital and filing status? Check one	only.				
■ Not married. Fill out Column A, lines 2-11.	•				
☐ Married and your spouse is filing with you. Fill	out both Columns A	and B. lines 2-1	1.		
☐ Married and your spouse is NOT filing with you		•			
☐ Living in the same household and are not le			ns A and B, lines 2	-11.	
☐ Living separately or are legally separated. Fi					declare under
penalty of perjury that you and your spouse are living apart for reasons that do not include evac					spouse are
Fill in the average monthly income that you received from a 101(10A). For example, if you are filing on September 15, the 6-the 6 months, add the income for all 6 months and divide the tol spouses own the same rental property, put the income from that	month period would be al by 6. Fill in the resul	March 1 through At. Do not include ar	August 31. If the amony income amount mo	unt of your monthly incompre than once. For examp	ne varied during le, if both
			lumn A btor 1	Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commissions	s (before all \$	6,483.88	\$	
 Alimony and maintenance payments. Do not include Column B is filled in. 	le payments from a	spouse if	0.00	\$	
4. All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Include regular coold, your dependents	ontributions s, parents,	0.00	\$	
5. Net income from operating a business, profession	•				
	Debto	r 1			
Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>				
Ordinary and necessary operating expenses	· —	opy here -> \$	0.00	\$	
Net monthly income from a business, profession, or fa 6. Net income from rental and other real property	ann \$	- σ ρ γ ποτο	0.00	Ψ	
6. Net income from rental and other real property	Debto	r 1			
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	-\$ 0.00				
Net monthly income from rental or other real property	\$ 0.00 C	opy here ->\$	0.00	\$	
7 Interest, dividends, and royalties	_	\$	0.00	\$	

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	t received was a benefi	t under					
	For you\$	0.0	00					
	For your spouse \$							
9.	Pension or retirement income. Do not include any an benefit under the Social Security Act.	nount received that was	s a	\$	0.00	\$		
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	Security Act or payment manity, or international	ts or					
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to		\$	6,483.88	+		Total	6,483.88
Part	2: Determine Whether the Means Test Applies t	o You						
12.	Calculate your current monthly income for the year	. Follow these steps:						
	12a. Copy your total current monthly income from line 1	l1		Сору	/ line 11 h	nere=>	\$	6,483.88
	Multiply by 12 (the number of months in a year)						X	
	12b. The result is your annual income for this part of the	e form				12b	. \$	77,806.56
13.	Calculate the median family income that applies to	you. Follow these step	s:					
	Fill in the state in which you live.	CA						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp	ecified i	n the separa	nte instruct	13. tions	\$	57,962.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, che	eck box	1, There is r	no presum	ption of abus	e.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumption of	abuse is o	determined by	/ Form 1	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information on	this sta	tement and	in any atta	chments is tr	ue and c	correct.
	X /s/ Sarah Ann Fullmer				·			
	Sarah Ann Fullmer Signature of Debtor 1							
	Date May 15, 2019 MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and f	ile it with this form.						

Debtor 1 Sarah Ann Fullmer

Fill in this information to identify your case:					
Debtor 1 Sarah Ann Fullmer					
Debtor 2 (Spouse, if filing	j)				
United States Bankruptcy Court for the: Eastern District of California					
Case number(if known)					

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
_

- 1. There is no presumption of abuse.
- \square 2. There is a presumption of abuse.
- ☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Par	Determine Your Adjusted Income	
1.	Copy your total current monthly income.	Copy line 11 from Official Form 122A-1 here=> \$ 6,483.88
2.	Did you fill out Column B in Part 1 of Form 122A-1?	
	■ No. Fill in \$0 for the total on line 3.	
	☐ Yes. Is your spouse Filing with you?	
	☐ No. Go to line 3.	
	☐ Yes. Fill in \$0 for the total on line 3.	
3.	Adjust your current monthly income by subtracting any phousehold expenses of you or your dependents. Follow the	
	On line 11, Column B of Form 122A–1, was any amount of the expenses of you or your dependents?	ne income you reported for your spouse NOT regularly used for the household
	■ No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below:	
	State each purpose for which the income was used. For example, the income is used to pay your spouse's support other than you or your dependents.	and and the attention from
		\$
		\$
		\$
	Total.	\$\$
		Copy total here=> \$0.00
4.	Adjust your current monthly income. Subtract line 3 from	line 1. \$

Debtor 1	Sarah Ann Fullmer		Case number	(if known)	
Part 2:	Calculate Your Deductions from Your Income				
to ar	Internal Revenue Service (IRS) issues National and Inswer the questions in lines 6-15. To find the IRS statuctions for this form. This information may also be	ındards, go online	using the link speci	fied in the separate	unts
your	act the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. In the in line 3 and do not deduct any operating expenses to	Do not deduct any a	mounts that you subt	racted fro your spouse's	
If you	ur expenses differ from month to month, enter the avera	ge expense.			
Whe	never this part of the from refers to you, it means both y	ou and your spous	e if Column B of Form	122A-1 is filled in.	
5.	The number of people used in determining your dec	ductions from inco	ome		
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom you the number of people in your household.				
Natio	onal Standards You must use the IRS National	al Standards to ans	wer the questions in li	nes 6-7.	
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an		d in line 5 and the IRS	S National \$	727.00
	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additi	mber of people is speak a higher IRS allow	olit into two categories vance for health care o	people who are under 6	55 and
Peop	ole who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$55.00	<u>)</u>		
	7b. Number of people who are under 65	X1			
	7c. Subtotal. Multiply line 7a by line 7b.	\$ 55.00	Copy here=	55.00	
Peop	ole who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$114.00	<u>)</u>		
	7e. Number of people who are 65 or older	X0			
	7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here=	-> +\$	
	7g. T otal. Add line 7c and line 7f		\$55.00_	Copy total here=>	\$55.00

Debtor 1	Sarah	Δnn	Full	mer
Debioi i	Salali	AIIII	гuп	mei

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average payment	,
Flagstar Bank	\$	1,973.98

			Comir			Repeat this
Tatal access on a state of the second	•	1.973.98	Сору	•	1,973.98	amount on
Total average monthly payment	Ъ	1,973.90	here=>	-\$	1,973.90	line 33a.

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - 1. Go to line 12.
 - ☐ 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 205.00

Case 19-23113 Filed 05/15/19 Doc 1

Debtor 1	Sarah Ann Fullmer		Case numbe	r (if known)		
13.	Vehicle ownership or lease expense: Using the IRS Local S You may not claim the expense if you do not make any loan of more than two vehicles.					
Vel	Describe Vehicle 1: 2019 Acura RDX 3000 n	niles				
13a.	Ownership or leasing costs using IRS Local Standard		\$	508.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Travis Credit Union	\$ 741.00				
	Total Average Monthly Payment	\$	Copy here =>	-\$741.	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	hicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0.00	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you			dards, fill in the F	 Public \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in who to claim more than the IRS Local Standard for <i>Public Transp</i>	or more vehicles in line nat you believe is the ap	11 and if			0.00

Debtor 1 Sarah Ann Fullmer Case number (if known)

Oth		In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, social your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sa	ales, or use taxes.	\$	1,864.74
17.	Involuntary deductions: The contributions, union dues, and	ne total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total month	ly amount that you pay for education that is either required:		
	for your physically or mer	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	•	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. any elementary or secondary school education.	\$	0.00
22.	that is required for the health by a health savings account.	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7.	 \$	395.00
	Payments for health insuran-	ce or health savings accounts should be listed only in line 25.	Φ	
23.	for you and your dependents	ephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
	' '	basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	3,760.74

Debtor 1 Sarah Ann Fullmer Case number (if known)

Add	itional	Expense Deductions These	are additional de	duction	ns allowed by th	e Means Test.		
		Note:	Do not include an	у ехре	nse allowances	listed in lines 6-24.		
25.	insurar					ses. The monthly expenses for health y necessary for yourself, your spouse, o	or	
	Health	insurance		\$	200.50			
	Disabil	lity insurance		\$	0.00			
	Health	savings account	-	⊦ \$	0.00			
	Total			\$	200.50	Copy total here=>	\$	200.50
	Do you	u actually spend this total amount	?			J		
		No. How much do you actually s	spend?					
		Yes		\$				
26.	continu	ue to pay for the reasonable and	necessary care a ediate family who	nd sup is una	port of an elderl ble to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	By law	, the court must keep the nature	of these expense	s confid	dential.		\$	0.00
28.	Additional	onal home energy costs. Your h	nome energy cost	ts are ir	ncluded in your	insurance and operating expenses on		
	If you l	believe that you have home energ of fill in the excess amount of hom		more th	nan the home er	nergy costs included in expenses on line	e	
		ust give your case trustee docum nt claimed is reasonable and nece		actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$170.8					e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee docum d is reasonable and necessary a						
	* Subje	ect to adjustment on 4/01/22, and	every 3 years aft	ter that	for cases begu	n on or after the date of adjustment.	\$	0.00
30.	higher		hing allowances i	n the IF	RS National Star	ctual food and clothing expenses are indards. That amount cannot be more		
		d a chart showing the maximum a tions for this form. This chart may						
	You m	ust show that the additional amou	unt claimed is rea	sonabl	e and necessar	y.	\$	21.00
31.		nuing charitable contributions. nents to a religious or charitable o				ntribute in the form of cash or financial	+\$	0.00
32.		II of the additional expense dec nes 25 through 31.	luctions.				\$	221.50

Debtor 1 Sarah Ann Fullmer Case number (if known)

33. F c	ctions for Debt Payment						
	or debts that are secured by an intere cans, and other secured debt, fill in li	est in property that you own, including nes 33a through 33e.	home mo	rtgage	s, vehicle		
To		ayment, add all amounts that are contractu	ally due to	o each	secured		
	Mortgages on your home:						verage monthly ayment
33a.	Copy line 9b here					=> \$	1,973.98
	Loans on your first two vehicles:						
33b.	Copy line 13b here					=> \$	741.00
33c.						=> \$	0.00
33d.	List other secured debts:						
Name	of each creditor for other secured debt	Identify property that secures the deb	t		Does payment include taxes insurance?		
					□ No		
	-NONE-				☐ Yes	\$	
					_		
					□ No		
					☐ Yes	\$	
					□ No		
					☐ Yes	+\$	
						7	
						Copy	
33e.	Total average monthly payment. Add li	ines 33a through 33d	\$_		2,714.98	total here=>	\$ 2,714.98
34. A	re any debts that you listed in line 33 r other property necessary for your s	secured by your primary residence, a support or the support of your dependen	vehicle,		2,714.98		\$ 2,714.98
34. A	re any debts that you listed in line 33 r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus	s secured by your primary residence, a vulpport or the support of your dependents to pay to a creditor, in addition to the paymession of your property (called the cure amounts)	vehicle, nts?		2,714.98		\$ 2,714.98
34. A or	re any debts that you listed in line 33 rother property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses	s secured by your primary residence, a vulpport or the support of your dependents to pay to a creditor, in addition to the paymession of your property (called the cure amounts)	vehicle, nts?		2,714.98		\$ 2,714.98 Monthly cure amount
34. A ol	re any debts that you listed in line 33 r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	s secured by your primary residence, a valupport or the support of your dependence of pay to a creditor, in addition to the payment of your property (called the cure among information below.	vehicle, nts?		tal cure		Monthly cure
34. A ol	re any debts that you listed in line 33 r other property necessary for your s No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the se of the creditor	s secured by your primary residence, a valupport or the support of your dependence of pay to a creditor, in addition to the payment of your property (called the cure among information below.	vehicle, nts?	am	tal cure	here=>	Monthly cure
34. A ol	re any debts that you listed in line 33 r other property necessary for your s No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the se of the creditor	s secured by your primary residence, a valupport or the support of your dependence of pay to a creditor, in addition to the payment of your property (called the cure among information below.	vehicle, nts?	am	tal cure	here=> ÷ 60 = \$ Copy	Monthly cure
34. A ol	re any debts that you listed in line 33 r other property necessary for your s No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the se of the creditor	s secured by your primary residence, a valupport or the support of your dependence of pay to a creditor, in addition to the payment of your property (called the cure among information below.	vehicle, nts?	am	tal cure	here=> ÷ 60 = \$	Monthly cure amount
34. A of	re any debts that you listed in line 33 rother property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the set of the creditor. NE-	s secured by your primary residence, a support or the support of your dependent of pay to a creditor, in addition to the paymesion of your property (called the cure amore information below. Identify property that secures the debt	vehicle, nts? ents ount).	am	tal cure lount	here=> ÷ 60 = \$ Copy total	Monthly cure amount
34. A of	re any debts that you listed in line 33 r other property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the set of the creditor. ONE-	s secured by your primary residence, a support or the support of your dependent of pay to a creditor, in addition to the paymesion of your property (called the cure amore information below. Identify property that secures the debt	vehicle, nts? ents ount).	am	tal cure lount	here=> ÷ 60 = \$ Copy total	Monthly cure amount
34. A of	re any debts that you listed in line 33 r other property necessary for your set. No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the set of the creditor. ONE- o you owe any priority claims such a re past due as of the filling date of your line 36.	s secured by your primary residence, a support or the support of your dependent of pay to a creditor, in addition to the paymession of your property (called the cure amore information below. Identify property that secures the debt Is a priority tax, child support, or alimorar bankruptcy case? 11 U.S.C. § 507.	vehicle, nts? ents ount). Total \$	am	tal cure lount	here=> ÷ 60 = \$ Copy total	Monthly cure amount

Debtor 1	Sara	h Ann Fullmer		Cas	e nu	number (if known)	
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § 2 information, go online using the link for Bankruptcy Basins for this form. Bankruptcy Basics may also be available	sics specific				
	No.	Go to line 37.					
	☐ Yes.	Fill in the following information.					
		Projected monthly plan payment if you were filing under	r Chapter	13	\$_		
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for Unite (for all other districts).	istricts in A	llabama Frustees	X ₋		
		To find a list of district multipliers that includes your dis the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Copy total	
		Average monthly administrative expense if you were fil	ing under (Chapter 13		\$ here=> \$	
		of the deductions for debt payment. es 33e through 36.				\$\$	
Total	l Deduc	tions from Income					
38. A	dd all o	of the allowed deductions.					
		ne 24, All of the expenses allowed under IRS e allowances	\$	3,760.74	Ļ		
	Copy lin	ne 32, All of the additional expense deductions	\$	221.50)		
	Copy lin	ne 37, All of the deductions for debt payment	+\$	2,797.21	<u> </u>		
		Total deductions	\$	6,779.45	5	Copy total here=> \$6,779.45	
Part 3:	Det	termine Whether There is a Presumption of Abuse					
39. C	alculate	e monthly disposable income for 60 months					
	39a. Co	ppy line 4, adjusted current monthly income	\$	6,483.88	3		
	39b. Co	ppy line 38, <i>Total deductions</i>	- \$	6,779.45	5		
		onthly disposable income. 11 U.S.C. § 707(b)(2). abtract line 39b from line 39a	\$	-295.57	7	Copy here=>\$ -295.57	
	For the	next 60 months (5 years)				x 60	
	39d. To	otal. Multiply line 39c by 60	390	d. \$	-17	7,734.20 Copy \$ -17,734.20	
40. F	ind out	whether there is a presumption of abuse. Check the	box that a	pplies:			
	■ The I	line 39d is less than \$8,175*. On the top of page 1 of th	is form, ch	neck box 1, The	ere	e is no presumption of abuse. Go to Part 5.	
		line 39d is more than \$13,650*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form,	check box 2, 7	The	ere is a presumption of abuse. You may fill out	
	☐ The I	line 39d is at least \$8,175*, but not more than \$13,650)*. Go to lir	ne 41.			
*:	Subject	to adjustment on 4/01/22, and every 3 years after that fo	or cases file	ed on or after t	he	e date of adjustment.	

ebtor 1	Sara	h Ann Fullmer	Case number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled a A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.			
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25	· · · · · · · · · · · · · · · · · · ·	Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting all allowed do our unsecured, nonpriority debt. e box that applies:		,	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>Th</i> p Part 5.	ere is no presumption of abu	ise.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T			
Part 4:	Giv	re Details About Special Circumstances			
□ Y	ite Ya ne	I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25. For must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.	e expenses or income adjust	ments	ach
	G	ive a detailed explanation of the special circumstances	Average monthly expense or income adjustment	:	
	_		\$		
	_		\$	_	
	_		\$		
	_		\$		
art 5:	Sig	n Below			
	By si	gning here, I declare under penalty of perjury that the information on this state	ement and in any attachment	s is true	and correct.
	X /s/	Sarah Ann Fullmer			
		arah Ann Fullmer gnature of Debtor 1			
Da	te Ma	ay 15, 2019			
	MI	M/DD/YYYY			

Debtor 1	Sarah Ann Fullmer	Case number (if known)
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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2018 to 04/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Paychex, Inc.** Constant income of **\$6,483.88** per month.*

Debtor 1 Sarah Ann Fullmer Case number (if known)

*Paycheck Details:

Paychex, Inc.

Date Salary X13	Earnings 2,992.56	Overtime 0.00	Taxes 860.65	Other 92.54	Net Check 2,039.37
Totals:	2,992.56	0.00	860.65	92.54	2,039.37

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

In re	Sarah Ann Fullmer		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSA	TION OF ATTOI	RNEY FOR D	EBTOR(S)	
co	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in	he petition in bankruptcy,	or agreed to be paid	to me, for services	
	For legal services, I have agreed to accept		\$	1,000.00	
	Prior to the filing of this statement I have received		<u> </u>	1,000.00	
	Balance Due			0.00	
2. Tł	ne source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. Tł	ne source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. ■	I have not agreed to share the above-disclosed compensation	on with any other person	unless they are mem	abers and associates	of my law firm.
	I have agreed to share the above-disclosed compensation v copy of the agreement, together with a list of the names of				law firm. A
5. In	return for the above-disclosed fee, I have agreed to render le	egal service for all aspect	s of the bankruptcy	case, including:	
b. c.	Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed] None.	of affairs and plan which	may be required;	-	akruptcy;
б. В <u>у</u>	agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any discharge any other adversary proceeding or motions.			es, relief from st	ay actions or
	CE	RTIFICATION			
	ertify that the foregoing is a complete statement of any agree akruptcy proceeding.	ement or arrangement for	payment to me for	representation of the	debtor(s) in
Ма	y 15, 2019	/s/ David A. Boud	her		
Date		David A. Bouche Signature of Attorne	-		
		Law Office of Day	vid Boucher		
		1478 Stone Point			
		Roseville, CA 956 (916) 780-7555 F		0	
		dboucherlaw@m			
		Name of law firm			

Fullmer, Sarah - - Pg. 1 of 2

Bk Of Amer Po Box 982238 El Paso, TX 79998

Chase Card Po Box 15298 Wilmington, DE 19850

Citi Po Box 6241 Sioux Falls, SD 57117

Citibank N A 701 East 60th Street North Sioux Falls, SD 57104

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Flagstar Bank 5151 Corporate Dr Troy, MI 48098

Navient Po Box 9500 Wilkes Barre, PA 18773

Nordstrom/td Bank Usa 13531 E Caley Ave Englewood, CO 80111

Slc Conduit I Llc 701 E 60th St N Sioux Falls, SD 57104

Syncb/old Navy Po Box 965005 Orlando, FL 32896

Travis Credit Union 1 Travis Way Vacaville, CA 95687

Doc 1

Case 19-23113
Fullmer, Sarah - - Pg. 2 of 2

Us Dept Of Ed/glelsi 2401 International Lane Madison, WI 53704